

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.	FILING DATE
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APPLICANT(S)
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**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1							
2							
3							
4							
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16	1						
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39							
40	1						
41	1						
42	1						
43	3						
44	3						
45	3						
46	3						
47	1						
48	1						
49	1						
50							
TOTAL IND.	4						
TOTAL DEP.							
TOTAL CLAIMS	5						

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TOTAL DEP.				
TOTAL CLAIMS				